



PATIENT

Cliford Aeinger

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

17lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Murphy

INVOICE

46796

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History: Respiratory disease. CXR showed moderate to severe cardiomegaly. No murmur or arrhythmia noted.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hypertrophied. The left atrium is markedly dilated. Subtle smoke. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Mild TR. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.7	NM	0.66	1.5	0.70	58	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	2.5	2.5		1.2	0.9	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 Adapted from June Boon, Veterinary Echocardiography, 1998
 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of mild to moderate LV hypertrophy is likely consistent with hypertrophic disease; however, hyperthyroidism and hypertension should be ruled out as contributing factors. In a relatively young cat, primary disease is suspected. Regardless, the LA is markedly dilated with evidence of smoke, indicating there is risk for congestive failure and/or a thrombotic event at any time. going forward. The remainder of the study is largely unremarkable.

Even without reported CHF, full cardiac is recommended going forward due to exceedingly high risk for complication. A concurrent history of respiratory disease is of course concerning, and further treatment may be necessary.

The mean survival time for cats with this degree of disease is 8-12 months; however, most are able to maintain a good quality of life on medications. Patient will always remain at high risk for



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recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Anesthesia, fluid or steroid therapy should be avoided.

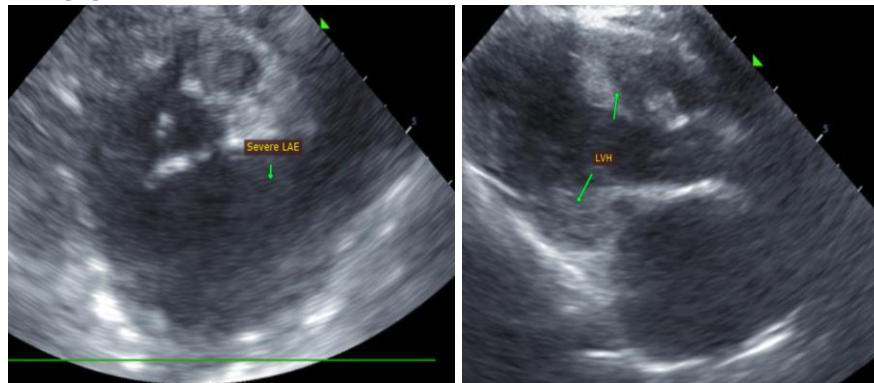
PLAN

Baseline BP and T4 are recommended. Institute Lasix 1mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety). Institute Pimobendan 1.25mg PO q12 hours. Consider respiratory therapy as needed.

Recheck renal values and BP in 10-14 days if able. If eating well and BP >130mmHg at recheck exam, institute benazepril or enalapril 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess progression.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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